

PROGRAM ACTIVITIES

After selecting your target audience and message, you need to determine how to deliver your message. This decision depends on communication channels identified during your assessment phase (e.g., focus groups, surveys). It also depends upon your campaign objectives, strategy and budget. Is your objective to increase booster seat use in one city, in a neighborhood in a city, or throughout a state or region? Is your strategy focused on changing how parents buckle up their kids, or are you trying to change what doctors and nurses tell their patients about child passenger safety? What resources are available? Each of these choices affects how you disseminate your campaign messages.

Your decisions will also depend upon the information you learn from focus group research and discussions with community stakeholders and target audience members. These investigations will tell you where the audience gets child safety information and who they prefer to hear this information from. Do they learn from the news, from television advertisements, or from discussions with other parents? Are doctors, police officers, or teachers the best messengers about booster seat use? Your research can also tell you where the audience frequently travels to by car and what media your audience frequently sees. Do they listen to Latino radio stations or read a local parenting newsletter? All of this information will help you determine where to educate the public about booster seat use.

Finally, your decisions will depend upon your funding availability. If you have more resources, you will be able to utilize a mass media campaign strategy, including costly radio and television ads. If you have fewer resources, you will need to rely on more grassroots and word-of-mouth activities. Partnerships with coalition partners can share the burden of producing and distributing materials. Our campaign relied heavily on organizational and business partners with a commitment to keeping kids safe.

KEY FACTORS TO CONSIDER IN DECIDING CAMPAIGN EDUCATIONAL ACTIVITIES

- Audience needs and characteristics, including cultural background, knowledge and attitudes about booster seats, and barriers to use
- Geographic area of campaign
- Where your audience gets safety information
- Where your audience frequently goes while driving in the car with children
- Who your audience trusts for advice on children's safety
- Funding possibilities
- Strengths and resources of campaign partners

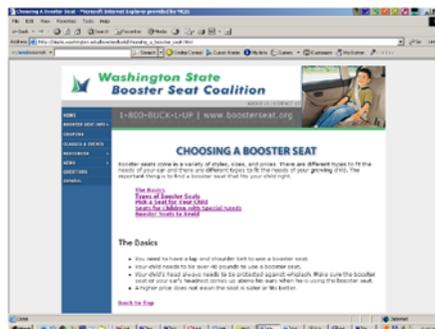
BOOSTER SEAT CAMPAIGN ACTIVITIES AND COMMUNICATION CHANNELS

There are a number of campaign activities and communication channels that you can use to deliver your message. The more people hear that booster seats are important for children's safety in cars, the more likely they will begin to use them. When delivering messages, be sure to use channels that your audience mentioned in your focus group research. Even the most clever advertisements will fail if they are never seen or heard.

One of the most important resources for your campaign will be a local source for further information and questions on child passenger safety. Since it is not possible to answer all booster seat questions in a brief campaign brochure or television advertisement, a resource line can answer critical questions for parents, physician offices, child-care centers, and other organizations with questions. There are also national resources available (such as NHTSA's toll free telephone line see Appendix B), however it is helpful to have a local community contact to handle local calls and inquiries. The Washington campaign benefited from the following local booster seat information sources:

- **Toll free Phone Number** – The Washington Safety Restraint Coalition toll-free telephone line 1-800-BUCK-L-UP handled individual requests for coupons and materials, and answered technical questions about booster seats. Staffed by certified child passenger safety technicians, the hotline was already an established state resource when our booster seat campaign began. As a campaign partner, the Safety Restraint Coalition incorporated the phone line into our statewide booster seat efforts.
- **Booster Seat Web Site** – We created a Web site for the campaign, www.boosterseat.org, to help educate families and caregivers about booster seats. Individuals could order discount coupons and access educational materials from the site, as well as learn about the state law and the location of upcoming classes and seat checks

Booster Seat Web Site



- **Children’s Resource Line** – Children’s Hospital has a resource line with a fulfillment option. As part of their role with the coalition, the hospital handled bulk order fulfillment. This was key for mass mailings to child-care providers, physicians, and organizations.

Resource information was printed on all of our educational materials and included in our broadcast ads. We shared these resources during trainings, outreach events, and other campaign activities.

Below is a list of campaign activities that the Washington State Booster Seat Coalition used to increase booster seat use from 2000-2003. We engaged in two types of education, broad-based mass media communication and grassroots education which used more direct, personal contact to convey messages.

MASS MEDIA ACTIVITIES

- **Radio Spots** – Radio public service announcements and paid advertisements aired during the first three years of the campaign. These spots also used a physician as the main messenger, in addition to local radio celebrities, law enforcement officers and Emergency Medical Technicians (EMTs). Messages used were similar to those in our television ads. These spots aired throughout the day, with an emphasis on the morning and evening commuting hours. Our campaign utilized radio stations listened to by parents, including talk radio, pop music, sports broadcasts, and family stations such as Radio Disney. We also sponsored traffic reports on the radio during morning and evening commutes.

Children’s Hospital radio spot -- Produced by KOMO Radio (6/21/02)

Announcer: You and your child’s health is brought to you by Children’s Hospital & Regional Medical Center.

Pat Cashman: This is Pat Cashman with a word about child safety in cars. I can tell you car crashes are the leading cause of death and injury among children and there’s no question a number of those deaths could have been prevented with the proper use of booster seats.

Pat: For all of the facts, I’m joined by Dr. Beth Ebel, a pediatrician from Children’s Hospital.

Beth Ebel: Thanks, Pat. We recommend that kids ride in booster seats until the lap and shoulder belt fits properly. That’s when children are about 4 feet, 9 inches tall.

Pat: You must be this tall to wear this belt.

Beth: In fact, it’s a law that kids use a booster seat, if they’re between the ages of 4 and 6 years or between 40 and 60 pounds.

Pat: Describe how the booster seat works.

Beth: The booster seat puts the lap and shoulder belt in your car into a safe position across your child’s lap and chest. It prevents the belt from riding up on the belly and prevents injuries to the organs. It also keeps the shoulder belt off the neck to prevent spine injuries.

Pat: Dr Ebel, do you think I would fit in booster seat?

Beth: No Pat, they’re just for kids.

Anner: For a \$10 discount booster seat coupon, visit www.boosterseat.org, that’s [booster seat.org](http://boosterseat.org).

- **Television Ads** – We utilized television ads each year to raise awareness among parents about which children need booster seats. Many of the ads included doctors, state troopers, or ambulance workers as messengers since our focus groups indicated that parents would listen to these experts regarding booster seats for their children. When the law came into effect in July 2001, used a well-known police spokeswoman to deliver the message. Ads aired throughout the day, often during local news times and sometimes during primetime. Many of the parents we surveyed reported learning their health information from the TV, so we prioritized this medium working in partnership with State Farm Insurance, KOMO-TV, Children’s Hospital and Regional Medical Center, and the Washington Traffic Safety Commission to provide funding and support.
- **Mass Transit Exterior Ads** – To help reach parents in the car and to reinforce the radio campaign, we purchased large poster ads on the sides and backs of buses, the most popular and visible form of mass transit in the state. Ads from the Washington Traffic Safety Commission focused on grabbing readers’ attention about the importance of booster seats. When the law went into effect, our transit posters focused on the law.
- **Movie Theater Ads** – During the first year of our campaign, the Washington Traffic Safety Commission ran public service announcements during holiday season movie previews. These announcements used one of the designs for the transit advertisements in an effort to reinforce public exposure to our campaign and use resources wisely.



Movie Theater Ad

- **Media Outlet Web Sites** –The KOMO-TV (ABC affiliate) web-site traffic report section included information about booster seats in its Tips section and the home page included an online poll on booster seats for one week. This poll provided an interactive education tool that raised awareness about booster seats, and was a source of feedback for our campaign about people’s knowledge and opinion of booster seats and the law.

- **Print Advertisements in Local Parenting and Health Magazines** – Coalition partners, including Children’s Hospital and State Farm Insurance, utilized existing media buys with local parenting and health-related magazines to run booster seat ads.

CHRCM Poster Ad



- **Advertisements on Milk Cartons** – In an effort to reinforce our message with families, advertisements were placed on the side of milk cartons produced by a popular local dairy. This advertisement was donated and ran for several months.
- **News Stories in Media** – During all stages of the campaign we generated news stories in local print and broadcast media, including regional publications geared toward parenting and on talk radio interviews. Story topics included the new booster seat law, basic facts about booster seats, local and statewide usage rates of booster seats based on our research findings and journal articles, and conversations with parents, including national booster seat advocate Autumn Alexander Skeen, about their personal experiences.



Milk Carton Ad

GRASSROOTS EDUCATION ACTIVITIES

- **Training of Healthcare Professionals** – Because our parent focus groups showed us that doctors were trusted spokespeople, our campaign provided trainings and educational materials to healthcare professionals. We provided in-services at pediatrician offices for all staff members who interact with families, classes for medical staff and students at area hospitals, and a one-day forum for representatives from hospitals, public health and community clinics in King County, the most populated county in Washington.
- **Training of Child-care Professionals** – We trained child-care directors, staff members, and pre-school teachers through small classes and sessions at regional and statewide conferences. The classes provided participants with continuing education credit required for their child-care license. These trainings were particularly useful to child-care providers because they often transport children and have daily contact with parents.
- **Training of Police Officers and Fire Fighters** – Public safety officers became members of Washington State’s Child Passenger Safety Team – a statewide network of county-based safety restraint experts. The state Office of Highway Safety and a non-profit traffic safety advocacy organization organized the teams and provided the training. Parents could call or visit these teams for advice, and needy families can often receive free or reduced-price seats from these teams.
- **Parent Education Sessions** – Education sessions about booster seats were offered to parents at hospitals, clinics, community organizations, and schools. Some sessions focused only on booster seats and were specifically for parents of elementary or pre-school children. Other trainings included booster seats as part of a general child passenger safety training for parents of newborns and infants.
- **Healthcare Provider Outreach** – We contacted community and provider education departments at area hospitals as well as private clinics to educate them about the booster seat law, booster seat recommendations, and available resources. We also encouraged hospitals to provide booster seats to families through voucher programs or discount coupons. Information about clinic or hospital programs was provided through internal employee publications.

- Elementary School Outreach** – We educated elementary school students and their teachers directly through a safety program that a local ambulance company offered. EMTs, who are popular with students, invited students inside an ambulance so they could practice using a booster seat on a demonstration vehicle seat. We also sent an educational flyer and a coupon home to parents through school and Parent Teacher Association (PTA) mailings. We delivered educational materials, including a poster, to the school nurses and school principals for posting and/or distribution. Finally, we submitted articles for school newsletters.

BIG KIDS NEED BOOSTER SEATS

4-8 years

40-80 pounds up to 4'9" tall

Keep big kids safe in the car — use booster seats on every ride, every time.

It's the law. And your child is worth it.

SEAT BELT DOES NOT FIT

SEAT BELT FITS WITH BOOSTER SEAT

For more information and booster seat coupons, visit www.boosterseat.org or call 1-800-BUCK-L-UP (1-800-282-5587).

A message from the Washington State Booster Seat Coalition

*** This information is not sponsored by the school district. In consideration for the privilege to distribute the attached materials, the school district shall be held harmless from any cause of action, claim or petition filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees, and judgments or awards.***

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1/3 Page Flyer

- Outreach to Family Education Specialists** – Our booster seat materials were sent to educators at community colleges and other organizations who led classes on child development and parenting. We encouraged child passenger safety and booster seat information to be included in modules on safety and car travel. We also provided information to organizers of parent support groups for their fairs and small group discussions.

Prescription Pad

Prescription for Car Safety

Name _____ Height _____ Weight _____

Recommendations:

| | | |
|---|---------------------------|---|
| Up to at least 20 lbs. | Up to at least 1 year old | Rear-facing Seat (infant or convertible) |
| 20 to 30 lbs. | Less than 1 year old | Rear-facing Seat (convertible) |
| 20 to 40 lbs. | Over 1 year old | Forward-facing seat with harness |
| Over 40 lbs. & under 4 ft. 9 in. tall. | | Booster Seat with lap and shoulder seat belt |
| At, or over 4 ft. 9 in. tall (generally about 80 lbs and at least 8 years old). | | Lap and Shoulder Seat Belt (Never put the shoulder belt behind the back or under the arm) |

NOTES:

- Always follow the instructions that come with the child safety seat or booster seat.
- Always use both the lap and shoulder belts with your booster seat.
- Some booster seats come with a harness for children weighing between 30 to 40 lbs. Remove the harness when your child outgrows it, or reaches 40 lbs.
- The back seat is the safest place for all children to ride.

For more information: Visit www.boosterseat.org or call 1-800-BUCK-L-UP.

front

To see if the seat belt will fit your child, try the following test.*

1. Does the child sit all the way back against the auto seat?
2. Do the child's knees bend comfortably at the edge of the auto seat?
3. Does the lap belt fit snugly across the top of the thighs?
4. Does the shoulder belt come across the center of the shoulder and chest?
5. Can the child sit like this for the whole trip?

If you answer "no" to any of these questions, your child needs to ride in a booster seat.

*Used with permission from SafetyBeltSafe U.S.A.

Types of Boosters

No-back booster
for cars with built-in headrests

High-back booster
for cars with or without headrests

High-back booster with harness (use as a car seat with harness until 40 lbs. then remove and use as a booster seat with lap and shoulder belt)

Shield booster
Using the shield portion of this booster is no longer recommended

back

Height/Weight Scale



- Outreach at Health Fairs** – We set up information booths and displays at health fairs held at hospitals, clinics, community centers, and schools through all stages of the campaign. Besides answering questions, we weighed and measured children using a colorful “Child Passenger Safety Scale” and provided recommendations on which safety restraint was best for the child. We used a specially designed “prescription pad” form to write the recommendations on and to provide families with written information about booster seats. When we were unable to staff a booth for the fair, we sent along information and discount coupons that parents could take with them.

- Outreach at Community Festivals and Child-Oriented Fairs** We attended neighborhood festivals and events centered on booster-size children to help deliver our message to parents. We found the child-oriented events, such as the KOMO-TV Kids’ Fair, more useful than street fairs and other festivals that do not always attract a large number of families with booster-size children. Activities at these events included Polaroid photos of children properly seated in a booster seat, coloring activities, height/weight measurements using our “Child Passenger Safety Scale,” and booster seat raffles.



- Seat Check and Giveaway Events** – Throughout the campaign, organizations in the Coalition organized or assisted with booster seat fittings at seat check and giveaway events. Coalition members, many of whom were volunteer child passenger safety technicians, fit hundreds of children in booster seats. When needed, booster seats were provided free to the families. These events provided parents with hands-on demonstrations and information about how to use their particular booster seat. Events were held at hospitals, fire departments, police departments, retail stores, car dealers, and community organizations during the spring, summer, and fall months.
- Neighborhood Community Association Outreach** – To reach families on a neighborhood level, we communicated with leaders and newsletter editors of community associations. Neighborhood groups are often homeowners’ associations or community clubs, and they work with a city’s town hall in bettering the community. These associations also provide a useful grassroots communication network for information about booster seats. Newsletter articles and educational materials were provided to the association leaders. These materials were distributed at block parties and neighborhood block watch events.

- **Materials Mailings to Community Organizations, Healthcare and Childcare Providers, and Social Service Centers** – We mailed educational materials to various community organizations that serve families and children throughout the course of our campaign. These mailings included order forms and information resources that the recipients' could contact for additional information. Our mailings were sent to the following organizations:

HEALTHCARE:

- Hospital Community Health Education Departments
- Hospital Emergency Rooms and Trauma Nurse Coordinators
- Pediatric and Family Medicine Clinics
- Public Health Nurses and Departments

CHILDCARE:

- Child care centers
- YMCAs and other after-school programs
- Headstart and other programs for early education of low-income children

SOCIAL SERVICE ORGANIZATIONS:

- WIC Clinics
- Libraries
- Shelters
- Social and Human Service Agencies

COMMUNITY ORGANIZATIONS:

- Community Centers
- Senior Centers (to reach grandparents)
- SAFE KIDS Coalitions

OTHER:

- Native American Tribal Governments